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PTO/SB/82 (09-03)
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Application Number	09/990,194
Filing Date	21 Nov. 2001
First Named Inventor	Maida-Smith et al.
Art Unit	
Examiner Name	
Attorney Docket Number	66997.0102

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

24,119

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

24,119

OR

<input type="checkbox"/> Firm or Individual Name	Sherman D. Pernia				
Address	1110 NASA Road One, Suite 450				
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Country	US				
Telephone	281-335-4505	Fax	281-335-5731		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	KATHY MAIDA-SMITH		
Signature	Kathy Maida-Smith		
Date	7/29/04	Telephone	281-461-7085

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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SIGNATURE of Applicant or Assignee of Record

Name	Steven W. Fogle		
Signature	<i>Steven W. Fogle</i>		
Date	7/29/04	Telephone	281-461-7085

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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